

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street)

4638 Riverstone Blvd

☐(Check if address  
is changed)

Missouri City

TX

77459

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

iacpinfo@iacprx.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

n/a

2. DATE

M M  
1 0/ D D  
1 2/ Y Y Y Y  
2 0 1 0

3. FEC IDENTIFICATION NUMBER

C C00424143

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

David G Miller

Signature of Treasurer

Electronically Filed by David G Miller

Date

M M  
1 0/ D D  
1 2/ Y Y Y Y  
2 0 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2009)